

Health Problems and Factors Affecting Health Seeking Practices among Elderly Population in Palpa District, Nepal

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ABSTRACT

Introduction: Old age is the time associated with biological, psychological and social changes which lead to vulnerable conditions to acquire physical, psychological and social health problem. This study was conducted to find out the health problem of elderly population and factors that affect the health seeking practices among them.

Methods: A community based cross-sectional study was conducted among 302 people aged over 60 years of Rampur Municipality of Palpa District, Nepal. Convenience sampling technique was used to select the required samples and data was collected by interviewing the elderly at their residence using structured interview schedule. The data gathered was analyzed using both descriptive and inferential statistics in SPSS software.

Results: Majority of the respondent (72.2%) suffered with different health problems such as heart diseases, gout, arthritis and back pain. One third of the respondents (72.8%) were partially dependent with other family members and 68% were suggestive depression. Nearly one fourth (23.2%) respondents had regular health seeking practices. Health seeking practices was found to be statistically significant with age ($p=0.002$), Income Source ($p=0.010$), Number of children ($p=0.028$), Physical Activity ($p=0.013$) and Depression Status (0.018).

Conclusion: Almost half of elderly has poor health seeking practices due to lack of money, support system and not easy excess of health facility. So, making the free or subsidize cost of health care service for elderly, easy excess of health care facility, health care provider and support system as well as awareness program encourage good health care seeking behavioral practice among elderly.

Keywords: *Elderly population, Health problems, Health seeking practices*

INTRODUCTION

Old age is the time associated with biological, psychological and social changes which lead to vulnerable conditions to acquire physical, social and psychological health problems. It is a normal phenomenon with a reduced ability to generate resources, the elderly lack basic needs that affect their health status and health-seeking behavior.¹ Health seeking behavior is the act of making decision to seek or not seek health care from qualified medical personnel when not feeling well.²

According to data from world population prospects 2017 revision, the number of older person, those aged 60 years or over is expected is more than

double by 2050 and to more than triple by 2100, rising from 962 million globally in 2017 to 2.1 billion in 2050 and 3.1 billion in 2100.³ In 2011, Nepal had 9.1% of its total population of old age, during the year 1991-2001, the annual elderly population growth rate of Nepal was 3.39% which is higher than an annual population growth rate of 2.3%.⁴ Thus concerns over the health status of elder population are increasing in Nepal with non-preceded growth of the population. Old age is associated with physical and mental health

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problems. Studies reported that overall morbidity was high among elderly population with non-communicable disease and degenerative diseases adding the disease burden in Nepal.⁵ Moreover very old age people lose their ability to live independently as a result of limited mobility, fragility or other physical conditions that require long term care.⁶ Different study shows different factors that were associated with the health seeking practices such as low economic status, negative attitude of health workers, cultural or political factors, and gender issues.⁷⁻⁹ Thus, this study aims to assess health problems and factors affecting health seeking practices among elderly people.

METHODS AND MATERIALS

A cross-sectional study was carried out among the elderly population of Rampur Municipality of Palpa District, Nepal. Convenient sampling technique was used. Sample size estimation was done on the basis of prevalence rate of previous study that was found 20% and by using the formula $4pq/l^2$, calculated sample size was 302. The structured interview schedule was used to collect data that consisted of three parts: the first part included the socio-demographic information, the second part included the tool that was used to measure the physical and Geriatric depression of the elderly and third part was consisted the variable which measures the health-seeking practices of the elderly. For physical health problem, the self-reported physical illness was recorded and for depression La escala de depression geriátrica (GDS) of Yesvae was adopted. Katz, the scale of functional impairment (1983) was referred to assess the level of functional impairment and self-developed interview schedule was used to determine the health-seeking practices of elderly. For the validity and reliability of the self-developed questionnaire, expert consultation was done before data collection and necessary modification were made after feedback. Collected data were entered in Epi Data 3.1 and further analysed in SPSS version 20. This study was conducted after getting the approval from the Pokhara University Intitucional Review committee and the reference nom is 38/076-077 as well as permission was

granted from the Rampur municipality. During the data collection, verbal consent was also taken from the respondents and objective of the study was also explained. The data collected has not been used for any other unspecified purposes.

RESULTS

The median age of respondents was found to be 71 years. Majority (47.4%) were brahmin followed by Janjati and Dalit. Majority of respondents (60.9%) were illiterate and most of them belongs to joint family. Most of the respondent’s major source of income was senior citizen allowances (58.9%) followed by agriculture (29.1%).

Table 1: Socio-demographic related information of the Respondents (n=302)

Characteristics	Frequency	Percentage
Age (median age=71)		
Below and equal to median	163	54.0
Above the median	139	46.0
Gender		
Female	163	54.0
Male	139	46.0
Income source		
Agriculture	88	29.1
Senior citizen allowance	178	58.9
Others	36	11.9
Number of Children		
≤ 3	109	36.1
> 3	193	63.9
Financial support		
Yes	10	3.3
No	292	96.7

Table 2: Physical Health Problem present (n=302)

Characteristics	Frequency	Percentage
Health Problem		
Yes	218	72.2
No	84	27.8
Types of Health Problems (n=218)		
Diabetes	8	3.7
Heart Disease	55	25.2
Others (Gout, Arthritis, Back pain)	155	71.1

Table 3: Assessment of the ability of physical activities and geriatric depression of the respondents (n=302)

Characteristic	Frequency	Percentage
Ability to perform		
Dependent	18	6.0
Partially dependent	220	72.8
Independent	64	21.2
Health status		
Normal status	234	77.5
Suggestive of depression	68	22.5

Table 3 illustrates the assessment of physical ability of respondents to perform different activity and their health status. Majority of respondents were partially dependent and more than one fourth of respondents were in normal status.

Table 4: Health seeking practice of the respondents

Characteristic	Frequency	Percentage
Preference of system of medicine		
Allopathic	240	79.5
Ayurvedic	23	7.6
Both	39	12.9
Type of health facility visit		
Governmental	151	50.0
Self-medication	9	3.0
Private	142	47.0
Regular health seeking practices		
Yes	70	23.2
No	232	76.8
Reason of not seeking (n=232)		
Feel not necessary	46	19.8
Lack of money	186	80.2
Pay for treatment		
Family members	288	95.4
Others	14	4.6
Seek treatment immediately		
Yes	182	60.3
No	120	39.7
Time to wait for treatment (n=120)		
Few days	2	1.7
Till the time of Tolerable	118	98.3

Table 4 shows the health seeking practices of respondents, more than three fourth of respondents does not seek regular health practices due to lack of money.

Table 5: Association of health seeking Practices with different selected variables

Characteristics	Health seeking practice (n=70) Yes (%)	Health seeking practice (n=232) No (%)	Total	p-value
Age (median age=71)				
Below the median	49 (30.1)	114 (69.9)	163	0.002*
Above the median	21 (15.1)	118 (84.9)	139	
Sex				
Female	41 (25.2)	122 (74.8)	163	0.38
Male	29 (20.9)	110 (79.1)	139	

Income source				
Agriculture	22 (25.0)	66 (75.0)	88	0.010*
Senior citizen allowance	33 (18.5)	145(81.5)	178	
Others	15 (41.7)	21 (58.3)	36	
Number of Children				
≤ 3	33 (30.3)	76 (69.7)	109	0.028*
> 3	37 (19.2)	156 (80.8)	193	
Diagnosis of disease				
Yes	53 (24.3)	165 (75.7)	218	0.452
No	17 (20.2)	67 (79.8)	84	
Ability to perform				
Dependent	4 (22.2)	14 (77.8)	18	0.013*
Partially dependent	42 (19.1)	178 (80.9)	220	
Independent	24 (37.5)	40 (62.5)	64	
Health status				
Normal status	47 (20.1)	187 (79.9)	234	0.018*
Suggestive of depression	23 (33.8%)	45 (66.2)	68	

*Statistical significance at $p < 0.05$

Table 5 shows that there is statistically significance association of health seeking behavior with age ($p=0.002$), income source ($p=0.010$) and number of children ($p=0.028$), ability to perform activity ($p=0.013$) and health status ($p=0.018$).

DISCUSSION

This study consulted with and assessed the health-care practices and health-care seeking practices of three-hundred and two elderly people. Of those 302 respondents, 54 percent of the respondents were female and 46 percent of the respondents were male. Similar to this, larger segment of the respondents was female in the study conducted in Pune, India.⁵ Regarding the educational status, a large majority, that is 60.9 percentage of the respondents were found to be illiterate, while 38.1 percent could engage themselves in basic reading and writing and only 1.0 percent, that is 3 respondents, had passed SLC (School Leaving Certificate) examinations or above that criteria. Dissimilarity to our study, the educational level of elderly population and monthly income was considered to be a factor that directly affects the health seeking behavior in the study of Myanmar.¹⁰

Majority of respondents (72.2 percent) had some kind of health problems among them 25.2 percent suffered from heart diseases, 3.7 percent had diabetes and 71.1 percent had gout, arthritis, back pain etc. This findings was consistent with the study conducted in Dharan⁷, Bharatpur⁹ and North India¹¹ which showed that larger number of participants were suffering from at least one health problem and reported illness among elderly were diabetes, arthritis, joint pain, hearing problem. Assessing the physical activities of the responding elderly population, only 21.2 percent of them were independent that is they were not dependent on other members of their family for the financial support and could completely rely on themselves. Only the 6 percent that is 18 individuals were found to be completely dependent on others. While a large segment of the respondents, that is 72.8 percent were partially dependent. In other words, a larger segment of the elderly was neither completely dependent nor completely independent, but they were involved in some kind of physical activities but could not completely rely on themselves and required partial support from others, especially their family members.

However, only 23.2 percent of the respondents had regular health seeking practices while 76.8

percent of them did not have regular health seeking practices. To further look at the reason of not seeking health-care services, 19.8 percent of the respondents did not seek health services because they felt it not to be necessary, while the majority of them, that is 80.2 percent, did not seek health services because of lack of money. Similar to this finding, lack of money was the major reason that kept the elderly away from healthcare services in the study conducted in urban slum of India.¹² The study showed that majority (79.5%) respondent preferred allopathic medicine and only 7.6 percent respondent prefer alternative medicine. Contrast to this findings, study conducted in Dhulikhel,¹³ Illam¹⁴ showed that elderly still prefer alternative medicine when they feel sick. In our study, health seeking practices was significantly associated with age, source of income, number of children, ability to perform and health status. Dissimilarity to our findings, different studies showed that the educated elderly were more likely to seek allopathic treatment than the illiterate.¹⁵⁻¹⁷ The above-mentioned major findings of this study point towards the picture of society where elderly people are left away from the health care services not because of lack of health care facilities or because of lack of awareness regarding the modern health services or because of different age-old societal beliefs and superstition. But the major reason that keeps elderly away from health services is their lack of stable income and them being somehow dependent on others for financial support.

CONCLUSION

Among elderly, few of the elderly have physical health problem, few of them were fully dependent and Almost half of them were partially dependent and nearly one fourth of the elderly suffers from suggestive depression. Majority of elderly has poor health seeking practices due to lack of money, support system and not easy excess of health facility. So, making the free or subsidize cost of health care service for elderly, easy excess of health care facility, health care provider and support system as well as awareness program encourage good health care seeking behavioral practice among elderly.

CONFLICT OF INTEREST

There is no conflict of interest.

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